

FILED NOV 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40117

STATE FILE NUMBER

Registration District No. 138 Primary Registration District No. 5529 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wheatland Township</u>		c. CITY OR TOWN <u>Wheatland - Township</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 miles N Wheatland</u>		d. STREET ADDRESS (If outside, give location) <u>2 miles N Wheatland</u>	
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Douglas</u> Last <u>Chancellor</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>17</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 29-1890</u>
9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Wheatland, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Ben Franklin Chancellor</u>		14. MOTHER'S MAIDEN NAME <u>Eliza Ellen Morten</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT <u>PAT Chancellor - Wheatland, Mo.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>480X</u>			
INTERVAL BETWEEN ONSET AND DEATH <u>four days</u> <u>two weeks</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>19 47</u> to <u>Nov 17, 1957</u> and last saw her alive on <u>Nov 16, 1957</u> Death occurred at <u>5:30</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. E. Briggs D.O.</u>		22b. ADDRESS <u>Wheatland, Mo</u>	
22c. DATE SIGNED <u>11-19-57</u>			
23a. (BURIAL, CREMATION, REMOVAL) (Specify) <u>Burial</u>		23b. DATE <u>Nov 17 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Samner Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Wheatland, Mo</u>	
24. FUNERAL DIRECTOR <u>Robert H. Hunsley - Wheatland, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-19-1957</u>	
26. REGISTRAR'S SIGNATURE <u>May Johnson</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Chas Gilbert Pittman*

Licensed Embalmer No. *426*

P. O. Address *Wichita, Kan.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.